



# REGISTRATION

**APRIL 2022**

## Ready to Register?

Thank you for choosing the Nazarene Daycare.



If you are ready to register, please fill out both sides of this form. Additional copies are available on our web site.

If you have more than two children, simply use a second copy.

Thank you!

**We're on the web:**  
**nazarenedaycare.org**

Uncertain about  
some-  
thing?  
Not sure  
what to fill  
in? Just as  
us!



## Nazarene Daycare

2111 Centennial Street  
Whitehorse YT Y1A 3Z6

Phone: 867-633-5520  
Email:

Current and up to date information is essential for the health and safety of your child. If at any time the information about your child changes, please inform us immediately.

To help us serve you better, in addition to the essential information on the reverse side, your input to these questions will also be helpful.

Has your child attended a previous daycare or dayhome? If so, where?

How did you hear about us?

What is the main reason for choosing our daycare?

Are you applying for Child Care Subsidy?

Is there any other information that we need to know?

Do you give us permission to take pictures of your child/ren? {Yes / No }

Do you give us permission to publish photos of your child/ren at play on our website (without names included)? {Yes / No }

I have read and agree to the terms provided in the Parent Handbook. If at any time due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures or medical treatment they deem necessary for the protection of my child/ren while in their care.

I agree to pay the applicable fee as specified in the parent handbook, due on the first working day of each month.

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** All Parental Information is required, along with a Medical professional's name, address and phone number AND at least ONE ADDITIONAL EMERGENCY CONTACT besides the parent(s). By law, a child's medical number is important to have on file in case of Emergency but it is also optional. We MUST have ALL OF THE REQUIRED INFORMATION before we can accept your child/ren into the Daycare. Please update us of any changes immediately. We will check annually to make sure that all information is still current that we have on file.

PARENTAL INFORMATION	Parent / Guardian	2nd Parent Guardian
Last Name, First Name		
Address		
City, Postal Code		
Contact Numbers to be reached		
Employer		
Email Address		

CONTACT INFORMATION	Name	Phone Numbers
<b>**Doctor {required} and Clinic or Practice name and address</b>		
<b>**Alternative Contact 1</b>		
Alternative Contact 2		
Alternative Contact 3		

CHILD'S INFORMATION	Child 1	Child 2
Child's Name		
Date of Birth		
<b>**Are Immunizations Up to Date?</b>		
Any Allergies? If so, list.		
Full Time or Part Time?		
Regular Fee		
<b>*Health Care Number (optional)</b>		